

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Campobello  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

36436

Registration District No. Har-aRegistered No. 109  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Greg Pittman

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl(4) Twin or Triplet? —

To be answered only in event of Twin or Triplet

(5) Number in order of birth —(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 1 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME David Edwin Pittman(9) PRESENT POSTOFFICE OF FATHER Landon, A.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21

(Year)

(12) BIRTHPLACE Polk Co. Ark.(13) OCCUPATION Mill operator(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Brookshire(15) PRESENT POSTOFFICE OF MOTHER Landon, A.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 18

(Year)

(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn) (Hour) (M.)

(23) (Signature) R. G. Christopher M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Landon, A.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10-31922

(28)

C. L. Mayberry  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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